

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 261-7083
Phone #: (608) 266-2112

1400 E. Washington Avenue
Madison, WI 53703

E-Mail: web@drl.state.wi.us
Website: <http://www.drl.state.wi.us>

APPLICATION INFORMATION FORM

ATTENTION

IMPORTANT INFORMATION PLEASE READ

Enclosed is the application packet you recently requested from the Wisconsin Department of Regulation and Licensing.

To avoid any unnecessary errors, take a moment to review the entire application packet before you begin to complete your application.

We will mail you a check sheet within 10-15 working days after receipt of your application in this office. The check sheet will include an identification number that allows you to check the status of your application by calling the **Interactive Voice Response System, (608) 261-7925**. The Interactive Voice Response System will inform you of any requirements not met. You may also check the status of your application on our web-site: <http://www.drl.state.wi.us>. Look under "Applicant Services."

It is your obligation as an applicant to see that the items listed as "Is Required" are forwarded to the Department of Regulation and Licensing. The Department will not contact other agencies or jurisdictions for information/documents to complete your application. We will update check sheets within 3-5 working days of receipt of documents. An application is not considered complete until we receive all the required documents and fees.

Once your application is complete, check the department's web-site: <http://www.drl.state.wi.us>. Look under "Business/Professional License Lookup" for your official credential number and grant date.

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DENTISTRY EXAMINING BOARD

APPLICATION FOR DENTAL HYGIENE CERTIFICATE TO ADMINISTER LOCAL ANESTHESIA

PLEASE TYPE OR PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)
-----------	------------	----	-------------------------

Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month day year	Daytime Telephone Number () - _____
--	--

Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

School Name: _____

School Address: _____

Course Title: _____
(City)/(State)

Date Course Completed: _____
month/day/year

**Wisconsin Dental Hygiene
License Number:** _____

APPLICATION IS NOT COMPLETE UNTIL THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- A Copy of Current CPR Certificate (front and back)
- A Local Anesthesia Certificate of Completion from an Accredited Dental or Dental Hygiene School (Form #2457)
- Certification of Inferior Alveolar Injection (Form 2458) (Applicable only if injection was given under dentist supervision and not during coursework)

AFFIDAVIT OF APPLICANT

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Dentistry Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

Applicant _____

Date _____

Subscribed and sworn to before me this _____ day of _____,

Notary Public _____

State _____

My Commission Expires: _____

SEAL

NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.

#2455 (7/03)
Ch. 447, Stats.

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DENTISTRY EXAMINING BOARD

LOCAL ANESTHESIA CERTIFICATE OF COMPLETION

THIS FORM MUST BE COMPLETED BY YOUR DENTAL OR DENTAL HYGIENE SCHOOL
AND RETURNED TO THE DENTISTRY EXAMINING BOARD AT THE ABOVE ADDRESS

APPLICANT - Please complete this section.

NAME (First, Middle, Maiden, Last) _____	Social Security Number* ____ - ____ - ____
ADDRESS (City, State, Zip) _____	Date the Course Completed ____ / ____ / ____

CERTIFYING SCHOOL – Please complete this section.

NAME OF INSTITUTION _____	LOCATION OF INSTITUTION _____
NAME OF COURSE _____	DATE COURSE COMPLETED _____
<input type="checkbox"/> Inferior alveolar injection completed on a non-classmate patient as part of course work. (If “yes,” check box)	

The completion of this form by the instructor certifies that the course completed is in compliance with DE 7 of Wisconsin Administrative Code.

Signature of Instructor

SCHOOL SEAL

Date

* For use in the school locating your records.

** **DO NOT COMPLETE THIS FORM UNTIL THE INDIVIDUAL NAMED ABOVE HAS COMPLETED THIS COURSE.** Anticipated dates of completion will not be accepted.

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DENTISTRY EXAMINING BOARD

CERTIFICATION OF INFERIOR ALVEOLAR INJECTION

To be completed by supervising dentist if injection completed outside of coursework

NAME OF APPLICANT: (Please print) _____

I _____ certify that while under my supervision _____
(Name of employing dentist) (Name of dental hygienist)

successfully completed an inferior alveolar injection on _____
(Name of non-classmate patient)

who was informed of the procedure and granted his/her consent to the dentist.

The inferior alveolar injection was completed within six (6) weeks from the time that the licensed dental hygienist completed his/her coursework; or within 6 weeks of becoming licensed as a dental hygienist in the state of Wisconsin if licensed by endorsement from another state.

Signature and Title

Name of Practice

Print Name and Wisconsin Dental License Number

Street Address

() _____
(Daytime phone number)

City and State Zip Code

Date

Department of Regulation & Licensing

State of Wisconsin

(608) 266-2112

TTY# (608) 267-2416¹ hearing or speech
TRS# 1-800-947-3529¹ impaired only

P.O. Box 8935, Madison, WI 53708-8935

E-Mail: dorl@drl.state.wi.us

Website: <http://www.drl.state.wi.us/>

FAX #: (608) 267-1803

NOTICES

TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.^a An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

PROCEDURES ON APPLICATION DENIAL

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

MAILING ADDRESS AND CHANGE OF ADDRESS

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

AMERICANS WITH DISABILITIES ACT

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

Communications and examinations: Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

Complaints: Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 10/00) ss. 15.04 (1) (m), 19.35, Stats.

^a Section RL 4.06 of the Wisconsin Administrative Code

Chapter DE 7

CERTIFICATION OF DENTAL HYGIENISTS TO ADMINISTER LOCAL ANESTHESIA

DE 7.01	Authority.
DE 7.02	Definitions.
DE 7.03	Qualifications for certification of licensed dental hygienists to administer local anesthesia.

DE 7.04	Application procedure.
DE 7.05	Educational requirements.
DE 7.06	Dentist responsibility for the administration of local anesthetic.

DE 7.01 Authority. The rules in this chapter are adopted pursuant to ss. 15.08 (5) (b), 227.11 (2) and 447.02 (2) (e), Stats.
History: Cr., Register, October, 1999, No. 526, eff. 11-1-99.

DE 7.02 Definitions. As used in this chapter "accredited" has the meaning under s. 447.01 (1), Stats.
History: Cr., Register, October, 1999, No. 526, eff. 11-1-99.

DE 7.03 Qualifications for certification of licensed dental hygienists to administer local anesthesia. An applicant for certification to administer local anesthesia shall be granted a certificate by the board if the applicant complies with all of the following:

- (1) Has a current license to practice as a dental hygienist in this state.
- (2) Provides evidence of current qualification in cardiopulmonary resuscitation from either the American heart association or American red cross.
- (3) Has completed the educational requirements of s. DE 7.05.
- (4) Has submitted the information required in the application under s. DE 7.04.

History: Cr., Register, October, 1999, No. 526, eff. 11-1-99.

DE 7.04 Application procedure. An applicant for a certificate to administer local anesthesia shall file a completed application on a form provided by the board. The application shall include all of the following:

- (1) The dental hygienist license number in this state and the signature of the applicant.
- (2) Evidence of current qualification in cardiopulmonary resuscitation from either the American heart association or the American red cross.
- (3) Evidence of successful completion of a didactic and clinical program sponsored by an accredited dental or dental hygiene program, resulting in the dental hygienist becoming competent to administer local anesthesia under the delegation and supervision of a dentist, the curriculum of which meets or exceeds the basic course requirements set forth in s. DE 7.05. For those dental hygienists who are employed and taking a local anesthesia program as continuing education outside of the initial accredited dental hygiene program, the administration of local anesthesia on a non-classmate may be performed at the place where the dental hygienist is employed. In those instances the application:

(a) Shall contain a statement from the employing dentist that he or she supervised and verifies the successful completion of an inferior alveolar injection on a patient who was informed of the situation and granted his or her consent to the dentist, and that the dentist assumed liability for the injection performed on the patient.

(b) Shall indicate that the inferior alveolar injection was completed within 6 weeks from the time that the licensed dental hygienist completed the coursework; or, if licensed by endorsement of a dental hygienist license from another state, within 6 weeks of becoming licensed as a dental hygienist in this state.

Note: Applications are available upon request to the board office at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708.

History: Cr. Register, October, 1999, No. 526, eff. 11-1-99.

DE 7.05 Educational requirements. The following educational requirements are necessary for the board to approve and grant certification to a licensed dental hygienist in the administration of local anesthesia:

(1) The course in the administration of local anesthesia shall be provided by an accredited dental or dental hygiene school.

(2) To participate in a course in the administration of local anesthesia, a person shall do all of the following:

(a) Show evidence of current qualification in cardiopulmonary resuscitation from either the American heart association or the American red cross.

(b) Provide proof of possessing a license to practice as a dental hygienist in this state, or having graduated from an accredited dental hygiene program, or of being enrolled in an accredited dental hygiene program.

(3) The local anesthesia course shall have the following components and provide a minimum of 21 hours of instruction:

(a) Didactic instruction. Minimum of 10 hours, including but not limited to the following topics:

1. Provide proof of possessing a license to practice as a dental hygienist in this state, or having graduated from an accredited dental hygiene program, or of being enrolled in an accredited dental hygiene program.

2. Basic pharmacology and drug interactions.

3. Chemistry, pharmacology and clinical properties of local anesthesia, vasoconstrictors, and topical anesthesia.

4. Anatomical considerations for the administration of anesthesia.

5. Patient assessment for the administration of anesthesia.

6. Selection and preparation of armamentarium.

7. Recognition, management and emergency response to local complications.

8. Recognition, management and emergency response to systemic complications.

9. Ethical and legal considerations.

10. Techniques for regional anesthesia.

(b) Experience in the clinical administration of local anesthesia. Minimum of 11 hours in the following techniques:

1. Maxillary.

a. Posterior superior alveolar.

b. Middle superior alveolar.

c. Anterior superior alveolar.

d. Greater/lesser palatine.

e. Nasopalatine.

f. Supraperiosteal (infiltration) injection.

2. Mandibular.

a. Inferior alveolar/lingual.

b. Mental/incisive nerve block.

c. Buccal nerve.

d. Periodontal ligament injection.

e. Intraseptal injection.

(c) Students performing injections as part of the clinical coursework shall successfully perform all local anesthesia injections on their classmates as well as perform at least one successful inferior alveolar injection on a non-classmate patient. For those licensed dental hygienists who are completing this course in the continuing education environment, the injection on a non-classmate patient may be performed in the office where the dental hygienist is employed, as long as the employer-dentist agrees to supervise and submit verification of the successful completion of the injection.

(d) A dentist licensed under ch. 447, Stats., shall be present in the facility and available to both the patients and to the students of the class.

History: Cr., Register, October, 1999, No. 526, eff. 11-1-99.

DE 7.06 Dentist responsibility for the administration of local anesthetic. The dentist is ultimately responsible for all decisions regarding the administration of local anesthetic, particularly in determining the pharmacological and physiological considerations of each individual treatment plan.

History: Cr., Register, October, 1999, No. 526, eff. 11-1-99.

Chapter DE 11

ANESTHESIA

DE 11.01	Authority and purpose.	DE 11.07	Examination.
DE 11.02	Definitions.	DE 11.08	Complications and emergencies.
DE 11.03	Restrictions on the use of general anesthesia and deep sedation.	DE 11.09	Drugs.
DE 11.04	Restrictions on the use of parenteral sedation.	DE 11.10	Recordkeeping.
DE 11.05	Restrictions on the use of nitrous oxide inhalation sedation.	DE 11.11	Office facilities and equipment.
DE 11.06	Risk management.	DE 11.12	Reports of death or injury to the dentistry examining board.

DE 11.01 Authority and purpose. The rules in this chapter are adopted under authority in ss. 15.08 (5) (b), 227.11 (2) (a) and 447.02 (2) (b), Stats., for the purpose of defining standards for the administration of anesthesia by dentists. The standards specified in this chapter shall apply equally to general anesthesia and sedation, regardless of the route of administration.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; am. Register, October, 1988, No. 394, eff. 11-1-88; am. Register, August, 1991, No. 428, eff. 9-1-91.

DE 11.02 Definitions. In this chapter,

(1) "Analgesia" means the diminution or elimination of pain in the conscious patient.

(2) "Conscious sedation" means a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination of pharmacologic and non-pharmacologic methods.

(3) "Deep sedation" means a controlled state of depressed consciousness, accompanied by partial loss of protective reflexes, including inability to respond purposefully to verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination of pharmacologic and non-pharmacologic methods.

(4) "General anesthesia" means a controlled state of unconsciousness accompanied by partial or complete loss of protective reflexes, including inability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or non-pharmacologic method, or a combination of pharmacologic and non-pharmacologic methods.

(5) "Parenteral sedation" means a depressed level of consciousness produced by a pharmacologic method, including intravenous, intramuscular, subcutaneous, submucosal, and rectal routes of administration, which retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; r. and recr. Register, October, 1988, No. 394, eff. 11-1-88; r. (4), renum. (1) to (3) to be (2) to (4) and am., cr. (1) and (5), Register, August, 1991, No. 428, eff. 9-1-91.

DE 11.03 Restrictions on the use of general anesthesia and deep sedation. No dentist may employ or administer general anesthesia or deep sedation on an outpatient basis for dental patients unless the dentist meets one of the following conditions:

(1) The dentist has completed the equivalent of a minimum of one year of advanced training in anesthesiology and related academic subjects beyond the undergraduate dental school level in a program approved by the council on dental education of the American dental association. The advanced training program must be one which prepares the dentist to use general anesthesia, local anesthesia, sedation and analgesia, and to apply the psychological aspects of managing pain and apprehension for the dental patient. The training must include a minimum of 6 months de-

voted exclusively to learning general anesthesia and related topics in a hospital operating room, with the dentist assigned full-time to the hospital anesthesiology service, and must include experience in the administration of general anesthesia as well as other forms of pain control for ambulatory patients.

(2) The dentist is a diplomat of the American board of oral and maxillofacial surgery, or is a fellow or a member of the American association of oral and maxillofacial surgeons, or is a fellow of the American dental society of anesthesiology.

(3) The dentist employs or works in conjunction with a certified registered nurse anesthetist, or with a licensed physician or dentist who is a member of the anesthesiology staff of an accredited hospital, provided that the anesthesia personnel must remain on the premises of the dental facility until the patient under general anesthesia or deep sedation regains consciousness.

(4) The dentist has been using general anesthesia on an outpatient basis in a competent manner for 5 years before September 1, 1991, provided that the dentist complies with all other provisions of this chapter.

Note: A copy of the *Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry* is available for review at the board office, 1400 East Washington Avenue, Madison, WI. A copy may also be obtained from the publisher, the Council on Dental Education of the American Dental Association, 211 East Chicago Avenue, Chicago, IL. The *Guidelines* contain authoritative recommendations on the contents of training programs intended to develop proficiency in the use of anesthesia and sedation, and are useful guidance for persons considering such a program.

History: Cr. Register, August, 1991, No. 428, eff. 9-1-91.

DE 11.04 Restrictions on the use of parenteral sedation. No dentist may employ or administer parenteral sedation on an outpatient basis for dental patients unless the dentist meets one of the following conditions:

(1) The dentist satisfies one of the conditions of s. DE 11.03.

(2) The dentist has successfully completed an intensive course in the use of parenteral sedation which includes physical evaluation of patients, airway management, and mechanical monitoring. The course shall be sponsored by and presented at a hospital, university, or other educational facility accredited by the council on dental education of the American dental association where adequate facilities are available for patient care and the management of medical emergencies, and shall be approved by the board or the council on dental education of the American dental association. The course shall consist of a minimum of 60 hours of instruction plus management of at least 10 patients on parenteral sedation in a supervised clinical setting. During the course of instruction, there shall never be more than 5 students to one instructor, and the instructor shall be prepared to assess the competency of all participants at the conclusion of the course.

(3) The dentist has been using parenteral sedation on an outpatient basis in a competent manner without incident for 5 years preceding September 1, 1991.

Note: A copy of the *Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry* is available for review at the board office, 1400 East Washington Avenue, Madison, WI. A copy may also be obtained from the publisher, the Council on Dental Education of the American Dental Association, 211 East Chicago Avenue, Chicago, IL. The *Guidelines* contain authoritative recommendations on the

contents of training programs intended to develop proficiency in the use of anesthesia and sedation, and are useful guidance for persons considering such a program.

History: Cr. Register, August, 1991, No. 428, eff. 9-1-91.

DE 11.05 Restrictions on the use of nitrous oxide inhalation sedation. No dentist may employ or administer nitrous oxide inhalation sedation on an outpatient basis for dental patients unless the dentist meets one of the following conditions:

- (1) The dentist satisfies one of the conditions of s. DE 11.03.
- (2) The dentist has successfully completed an intensive course in the use of nitrous oxide inhalation sedation which includes physical evaluation of patients, airway management, and mechanical monitoring. The course shall be sponsored by and presented at a hospital, university, or other educational facility accredited by the council on dental education of the American dental association where adequate facilities are available for patient care and the management of medical emergencies, and shall be approved by the board or the council on dental education of the American dental association. The course shall consist of a minimum of 24 hours of instruction plus management of at least 5 patients on nitrous oxide inhalation sedation in a supervised clinical setting. During the course of instruction, there shall never be more than 10 students to one instructor, and the instructor shall be prepared to assess the competency of all participants at the conclusion of the course.
- (3) The dentist has been using nitrous oxide inhalation conscious sedation in a dental office in a competent manner without incident for 3 years preceding September 1, 1991.

Note: A copy of the *Guidelines for Teaching the Comprehensive Control of Pain and Anxiety in Dentistry* is available for review at the board office, 1400 East Washington Avenue, Madison, WI. A copy may also be obtained from the publisher, the Council on Dental Education of the American Dental Association, 211 East Chicago Avenue, Chicago, IL. The *Guidelines* contain authoritative recommendations on the contents of training programs intended to develop proficiency in the use of anesthesia and sedation, and are useful guidance for persons considering such a program.

History: Cr. Register, August, 1991, No. 428, eff. 9-1-91.

DE 11.06 Risk management. To minimize risks to the patient, a dentist who uses general anesthesia or conscious and deep sedation during the course of dental treatment shall:

- (1) Use only those drugs and techniques which they are competent to administer based on education, training and experience, and for which they understand the indications, contraindications, adverse reactions and their management, drug interactions and proper dosage for the desired effect;
- (2) Limit the use of general anesthesia or conscious and deep sedation to patients who require them due to such factors as the extent and type of the operative procedure, psychological need or medical status;
- (3) Conduct comprehensive pre-operative evaluation of each patient to include a comprehensive medical history, assessment of current physical and psychological status, age and preference for and past experience with sedation and anesthesia, and record this information as specified in s. DE 11.07;
- (4) Conduct continuous physiologic and visual monitoring of the patient from the onset of the procedure through recovery;
- (5) Have available appropriate emergency drugs and facilities as specified in ss. DE 11.08 and 11.11, and maintain proficiency in their use;
- (6) Utilize sufficient support personnel who are properly trained for the functions they are assigned to perform; and
- (7) Treat medically compromised patients in a hospital or similar setting equipped to provide for their care. The term "medically compromised" refers to risk classifications of the American society of anesthesiology.

History: Cr. Register, October, 1988, No. 394, eff. 11-1-88; renum. from DE 11.03, Register, August, 1991, No. 428, eff. 9-1-91; corrections in (3) and (5) made under s. 13.93 (2m) (b) 7., Stats., Register, August, 1991, No. 428.

DE 11.07 Examination. Prior to administration of general anesthesia or parenteral sedation to any patient, a dentist shall record in the patient's file the following information:

- (1) The patient's vital statistics;
- (2) The patient's medical history which shall include any:
 - (a) Medical treatment received in the past 5 years;
 - (b) Current medication prescribed;
 - (c) Allergies diagnosed;
 - (d) Breathing problems;
 - (e) Respiratory disorders;
 - (f) Fainting or dizziness;
 - (g) Nervous disorders;
 - (h) Convulsions;
 - (i) Epilepsy;
 - (j) Heart problems;
 - (k) Stroke;
 - (L) Rheumatic fever;
 - (m) Hepatitis or liver disease;
 - (n) Kidney disease;
 - (o) Diabetes;
 - (p) Anemia;
 - (q) High or low blood pressure; and,
 - (r) Pregnancy, if applicable.
- (3) The findings of a physical examination conducted by the dentist which shall include:
 - (a) General appearance;
 - (b) Presence of scars or unusual masses on the patient's head or neck;
 - (c) Abnormal motor or sensory nerve deficits;
 - (d) Any limitations of the oral opening; and,
 - (e) Any pulmonary, neurologic or physiologic test indicated by the patient's medical history, as specified in sub. (2).
- (4) Radiographic studies.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; renum. from DE 11.03, Register, October, 1988, No. 394, eff. 11-1-88; renum. from DE 11.04, Register, August, 1991, No. 428, eff. 9-1-91.

DE 11.08 Complications and emergencies. In order to administer general anesthesia or conscious and deep sedation, a dentist shall be familiar with the symptoms and treatment of the following complications and emergencies which may occur:

- (1) Laryngospasm;
- (2) Bronchospasm;
- (3) Aspiration of emesis;
- (4) Angina pectoris;
- (5) Myocardial infarction;
- (6) Hypotension;
- (7) Hypertension;
- (8) Cardiac arrest;
- (9) Drug allergy;
- (10) Hyperventilation; and,
- (11) Convulsions.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; renum. from DE 11.04 and am. (intro.), Register, October, 1988, No. 394, eff. 11-1-88; renum. from DE 11.05, Register, August, 1991, No. 428, eff. 9-1-91.

DE 11.09 Drugs. The following drug types, as are appropriate to the type of anesthesia or sedation used, shall be available in any dental office where general anesthesia or conscious and deep sedation is administered:

- (1) Intravenous fluids;
- (2) Cardiotonic drugs;
- (3) Vasopressors;
- (4) Anti-arrhythmic agents;
- (5) Anti-hypertensive agents;
- (6) Diuretics;
- (7) Antiemetics;
- (8) Narcotic antagonists; and,

(9) Phenothiazine and tranquilizers.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; renum. from DE 11.05 and am. (intro.), Register, October, 1988, No. 394, eff. 11-1-88; renum. from DE 11.06, Register, August, 1991, No. 428, eff. 9-1-91.

DE 11.10 Recordkeeping. In a patient's record file, a dentist shall document the treatment given and the patient's response to treatment. The record shall include:

(1) A written and dated medical history which is signed by the dentist;

(2) A written examination chart with the proposed procedure clearly indicated and probable complications written on the record;

(3) A consent form signed by the patient for any surgery proposed;

(4) Radiographs;

(5) Anesthetic type, amount administered and any unusual reactions;

(6) All prescriptions ordered; and,

(7) Pre-operative, intra-operative and post-operative vital signs.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; renum. from DE 11.07, Register, August, 1991, No. 428, eff. 9-1-91.

DE 11.11 Office facilities and equipment. No general anesthesia or sedation may be administered to a patient in a dental office unless the dental office contains:

(1) An operating room;

(2) An operating chair or table;

(3) Suction equipment;

(4) An auxiliary lighting system which provides light intensity adequate to permit completion of any dental procedure in progress;

(5) Oxygen and gas-delivery systems which shall include:

(a) A capability to deliver oxygen to a patient under positive pressure; and,

(b) Gas outlets.

(6) **(a)** For use of nitrous oxide inhalation conscious sedation, the following equipment:

1. Adequate equipment with fail-safe features and a 25% minimum oxygen flow;

2. A system equipped with a "scavenger" mask.

(c) For the purpose of this subsection "nitrous oxide inhalation conscious sedation" means an altered level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation or verbal command produced through the administration by inhalation of a combination of nitrous oxide and oxygen.

(7) A sterilization area;

(8) A recovery area which shall include installed oxygen and suction systems or the capability to operate portable oxygen and suction systems;

(9) Gas storage facilities;

(10) Emergency airway equipment and facilities which shall include:

(a) A full-face mask;

(b) Oral and nasopharyngeal airways;

(c) Endotracheal tubes suitable for children and adults;

(d) A laryngoscope with reserve batteries and bulbs;

(e) McGill forceps; and,

(f) Equipment for performing a coniotomy or tracheostomy.

(11) Monitoring equipment which shall include:

(a) A sphygmomanometer; and,

(b) A stethoscope.

History: Cr. Register, August, 1985, No. 356, eff. 9-1-85; am. (intro.), renum. (6) to (10) to be (7) to (11), cr. (6), Register, October, 1988, No. 394, eff. 11-1-88; renum. from DE 11.08 and am. (intro.), Register, August, 1991, No. 428, eff. 9-1-91; r. (6) (b), Register, April, 1999, No. 520, eff. 5-1-99.

DE 11.12 Reports of death or injury to the dentistry examining board. All dentists shall submit a complete report within a period of 30 days to the dentistry examining board of any mortality or other incident occurring in the outpatient facilities of such a dentist which results in temporary or permanent physical or mental injury requiring hospitalization of the patient during, or as a direct result of, dental procedures or anesthesia related thereto.

History: Cr. Register, October, 1988, No. 394, eff. 11-1-88; renum. from DE 11.09, Register, August, 1991, No. 428, eff. 9-1-91.

Wisconsin Department of Regulation & Licensing

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APPLICATION PACKET ADDENDUM (INTERNET)

Dental Hygiene Certificate to Administer Local Anesthesia Application Packet

For the application packet that you have just downloaded, there are additional materials needed.

Please complete this form and fax it to the number listed above. Once the form is returned we will mail the additional items to the address you have provided. If you prefer, you can mail this form directly to the Department of Regulation and Licensing, P.O. Box 8935, Madison, WI 53708.

Please indicate on this form if you have downloaded the Wisconsin Statutes and Code Book for this profession. ☐ Yes ☐ No

PLEASE PRINT OR TYPE

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Street Address

PO Box

City, State, Zip

Thank you.